PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Att rney Docket Numb r 5051.002

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Nam d Invent	r Alla	n L. Green	
		COMPLETE IF KNOWN			
		Application Number	/	/	
	٦, :	Filing Date			
★xx Declaration	J Declaration Submitted after Initial	Art Unit			
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e))				
· ming	required)	Examiner Name			
As the below named inventor, I hereby declare that:					
My residence, mailing address, and c	itizenship are as stated below	next to my name.			
I believe I am the original and first inv	entor of the subject matter wh	nich is claimed and for wh	ich a patent is sou	ght on the invention entitled:	
DIADEMIC MOR CEI	NA D A M O D C				
DIABETIC TOE SEE	PARATURS .				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
the specification of which	(Title of the Inv	vention)			
VV					
is attached hereto					
OR					
was filed on (MM/DD/YYYY)		as United States A	pplication Number	or PCT International	
Application Number	and was amended	on (MM/DD/YYYY)		(if applicable).	
		<u> </u>			
I hereby state that I have reviewed and any amendment specifically referred to		the above identified speci	fication, including t	the claims, as amended by	
Lacknowledge the duty to disclose info	ormation which is material to r	patentability as defined in	37 CFR 1.56. incli	uding for continuation-in-part	
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant					
breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
Number(s)	- Country	(MM/DD/TTTT)	Not Glaimed	YES NO	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					
Additional foreign application flut	inora are nateu on a supplen	ional priority data sheet i	י טיטטיטבט מוומטו	iou fioroto.	

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or D sign Patent Application

Direct all correspondence to: XX Customer Num or Bar Code La		24*	OR Con	respondence address below
27324 PATENT TRADEMARK OFFICE				
	-			
Address				
City		State		ZIP
	Talanhana			Fay
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR :	A petition h	nas been filed	l for this unsig	ned inventor
Given Name (first and middle [if afy]) ALLAN L.	1	Family Name or Surname	GREEN	
Inventor's Signature Date //D/04				Date // 1/04
Residence: City Tamarac	State FL	Coun	try USA	Citizenship U.S.
Mailing Address 7656 Nob Hil	1 Road			
Ma wa wa a	DI DI		2221	
City Tamarac	State FI		33321 for this unsigne	Country USa
NAME OF SECOND INVENTOR:	A petition na	S Deell liled i	Of this unsigne	a inventor
Given Name (first and middle [if any]) MICHAEL Family Name or Surname ANTHONY				
//			Date 1/8/04.	
Residence: Gity Coral Springs	State FL	Coun	try USA	Citizenship U.S.
Mailing Address 10189 West Sample Road				
City Coral Springs	State FL	ZIP	33065	Country USA
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	ALLAN L. GREEN
Title	Diabetic toe
Group Art Unit	
Examiner Name	
Attorney Docket Number	5051.002

I hereby appoint:	*27224*				
OR	7324 PATENT TRADEMARK OFFICE				
Practitioner(s) named below:					
Name	Registration Number				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
Please change the correspondence address for the ab The above-mentioned Customer Number. OR	Place Customer				
Practitioners at Customer Number	Number Bar Code Label here				
OR					
Firm or Individual Name					
Address					
Address					
City	State Zip				
Country					
Telephone	Fax				
I am the:					
xkx Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant of	or Assignee of Record				
Name ALLAN L. GREEN					
Signature IIII I XIVI					
Date //f/04					
NOTE: Signatures of all the inventors or assignees of record of the ent forms if more than one signature is required, see below*.	ire interest or their representative(s) are required. Submit multiple				
□ *Total offorms are submitted.					

Please type a plus sign i	(+) inside this box	

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date		
First Named Inventor	ALLAN L. GREEN	
Title	Diabetic toe	
Group Art Unit		
Examiner Name		
Attorney Docket Number	5051.002	

I hereby a	ppoint:		·	 -	
**Practitioners at Customer Number 27324 ** OR ** **Practitioners at Customer Number 27324 ** **Number Bar Code Laborate 4				*Def Con4 * Number Bar Code Laby 7994	
Practif	tioner(s) n	amed below:		 	PATENT TRADEMARK OFFICE
l -	Name Regi		Registr	ration Number	
ļ <u> </u>					
					
 		PLANT PLANT PARTY NAMED IN COLUMN PARTY NAME			
<u> </u>	·				
as my/our att business in th	orney(s) o	r agent(s) to prosecute the app States Patent and Trademark 0	lication ide Office conn	entified above, ected therewi	, and to transact all th
		espondence address for the ab			
The abo		ned Customer Number.			
OR					Place Customer
	ners at Cu	stomer Number			Number Bar Code Label here
OR Firm	···				
Firm or Individual	Name				
Address					
Address					
City			St	ate	Zip
Country					
Telephone			Fa	ax	
I am the:					
xxx Applica	ant/Invento	or.			
		rd of the entire interest. See 37			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	- - - - - - - - - - 	SIGNATURE of Applicant or	Assignee	of Record	
Name	M:	ICHAEL ANTHONY			
Signature	M	tus "		·	
Date	1 ml m				
NOTE: Signatures of	all the invent	ors or assignees of record of the entire	e interest or t	heir representativ	ve(s) are required. Submit multiple
Torms if more than on		s required, see below*.			
<u> </u>	ion	ns are submitted.			